## Revised Manifest Summary Report

## CENTURY CITY HOSPITAL CENTURY CITY CENTURY CITY HOSPITAL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/20/1989		88254388		917.4	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .4587

Please print or type. (Form designed for use on elite (12-pitch typewriter) 2. Page 1 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Information in the shaded areas Document No WASTE MANIFEST A. State Manifest I is not required by Federal law. CA0982516890 0 4 19 4 4 3. Generator's Name and Mailing Address 8254388 Century City Hospital B. State Generator's ID 2070 Century Park East, Los Angeles, CA 90067 4. Generator's Phone 213 ) 553-6211 1-800-852-7550 C. State Transporter's ID 909920 US EPA ID Number D. Transporter's Phone Findly Chemical Disposal, 10 B 11 11 15 17 11 16 16 714 823-3939 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10 US EPA ID Number G. State Facility's ID CIA 10 0 4 2 2 4 5 99 1 H. Facility's Phone 4388 ORNIA CALL Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA. 90602 C A D D 4 2 2 4 5 0 10 11 698-0991 12. Containers 13 Total 14. Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Waste No. Type Wt/Vo a Waste Xylene, Flammable Liquid, UN1307 F003State RESPONSE CENTER 1-800-424-8802; EPA/Other State EPA/Other State EPA/Other Meterials Listed Above 17E/H 55gal. drums profile #3488 Additional Descriptions for al. #1 and 2 K. Handling Codes for Wastes Listed Above b. 0 C. d. NATIONAL 15. Special Handling Instructions and Additional Information 出 100 CALL Keep away from sparks and open flames SPILL, GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OB O EMERGENCY Printed/Typed Name Signature Month ICHAEL 17. Transporter 1 Acknowledgement of Receipt of Materials ¥ Printed/Typed Name Month Day Signature Year ANSPORT 9 Richard Darr 2089 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Day Year 19. Discrepancy Indication Space ACI 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Month Day Signature LSAAC DHS 8022 A (1/88) FPA 8700-22

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## CENTURY CITY HOSPITAL CENTURY CITY CENTURY CITY HOSPITAL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
06/26/1989		88256611		458.7	LBS		CMP		
08/21/1989		88257812		458.7	LBS		CMP		
11/07/1989		89658480		458.7	LBS		CMP		

Total Records: 3

Default Volume: 0

Total Waste Volume: .6881